



AI1: Additional Information

Must be typewritten.

☒ Orient and affix BIS job number label here ☒

421462802

Page number 1 of 1

BIS Document No. 2

1 Location and Job Information Required for all applications.

House No(s) 62-60 Street Name 108TH STREET

Borough Queens

Block 2145

Lot 28

BIN 4051338

CB No. 406

2 Revisions to Plans/Drawings Required whenever updating plans. All revisions for each page must be clearly described in section 3.

Submission is part of a Post Approval Amendment (PAA)? ☐ Yes *PW1 required* ☒ No *Indicate all actions for this submission:*

Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID	Action	Original/New/ Omit Page ID	Superseding Page ID

For "Action" use "N" for new page, "S" for superseding page, "O" for omitting page.

Is this section continued on additional AI1 forms? ☐ Yes ☐ No

3 Additional Information Required for all applications.

DRAWINGS REVISED TO ADDRESS OBJECTIONS ISSUED 6/4/2020:

1) CALCULATIONS ADJUSTED TO REFLECT EXISTING CONDITIONS

2) WINDOW NOT REQUIRED FOR LIGHT AND AIR; NOTE ADDED

3) ROOM RENAMED TO DINING ROOM. WINDOW WAS MADE LARGER TO PROVIDE SUFFICIENT LIGHT AND AIR.

4) WINDOW 1 RESIZED TO COMPLY WITH MINIMUM REQUIREMENTS. (12SF)

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (please print)

IRVING M. KUSNITZ

Signature

Date

P.E. / R.A. Seal (apply seal, then sign and date over seal)

